

WAC 246-976-610 Designation standards for facilities providing level III trauma care service--Basic resources and capabilities.

A facility with a designated level III trauma care service shall have:

(1) An emergency department with:

(a) A physician director who:

- (i) Is board-certified in emergency medicine, or other relevant specialty;
- (ii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;
- (iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine.

(b) Physicians who:

- (i) Have special competence in the resuscitation and care of trauma patients;
- (ii) Are available within five minutes of patient's arrival in the emergency department;
- (iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;
- (iv) Have completed the PER as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and
- (v) Are designated as members of the trauma team;

(c) Registered nurses who:

- (i) Are ACLS trained;
- (ii) Have completed the PER as defined in WAC 246-976-886;
- (iii) Have successfully completed a trauma life support course as defined in WAC 246-976-885; and
- (iv) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for adult and pediatric resuscitation, with equipment for resuscitation and life support of pediatric and adult trauma patients, including equipment as described in WAC 246-976-620.

(e) Routine radiological capabilities by a technician available within twenty minutes of notification of team activation.

(2) A surgery department, including an attending general surgeon who:

- (a) Is on-call and available within thirty minutes of notification of team activation;
- (b) Has general surgery privileges;
- (c) Has ATLS and ACLS training, except this requirement shall not apply to a physician board-certified in surgery; and
- (d) Has completed the PER as defined in WAC 246-976-886.

- (3) An operating room available within five minutes of notification of team activation, with:
 - (a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;
 - (b) Other essential personnel on-call and available within thirty minutes of notification of team activation;
 - (c) A written policy providing for mobilization of additional surgical teams for trauma patients; and
 - (d) Instruments and equipment appropriate for pediatric and adult surgery, including equipment as described in WAC 246-976-620.
- (4) A post anesthetic recovery unit with:
 - (a) Essential personnel on-call and available twenty-four hours a day;
 - (b) Nurses ACLS trained;
 - (c) Nurses who have completed the PER as defined in WAC 246-976-886; and
 - (d) Appropriate monitoring and resuscitation equipment.
- (5) A critical care service, with:
 - (a) A medical director who is:
 - (i) Board-certified in surgery, internal medicine, or anesthesiology, with special competence in critical care;
 - (ii) Responsible for coordinating with the attending staff for the care of trauma patients, including:
 - (A) Development and implementation of policies;
 - (B) Coordination of medical care;
 - (C) Determination of patient isolation;
 - (D) Authority for patient placement decisions;
 - (E) Equipment;
 - (F) Coordination of staff education;
 - (G) Coordination of statistics;
 - (H) Identification of criteria for reviewing quality of care on all critical care unit trauma patients, in conjunction with the trauma service medical director;
 - (b) A physician-directed code team;
 - (c) Critical care unit registered nurses with special competence in trauma care, who:
 - (i) Are ACLS trained; and
 - (ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

- (d) If the facility is not designated as a pediatric trauma care service, have a written transfer agreement and guidelines for pediatric trauma patients requiring critical care services;
 - (e) Equipment as described in WAC 246-976-620.
- (6) Respiratory therapy on-call and available within thirty minutes of notification.
- (7) A clinical laboratory technologist available within twenty minutes of notification.
- (8) Clinical laboratory services, including:
 - (a) Standard analysis of blood, urine, and other body fluids;
 - (b) Coagulation studies;
 - (c) Blood gases and pH determination;
 - (d) Microbiology;
 - (e) Serum alcohol and toxicology determination; and
 - (f) Microtechnique.
- (9) Blood and blood-component services, including:
 - (a) Blood and blood components available from in-house or through community services, to meet patient needs;
 - (b) Noncrossmatched blood available on patient arrival in emergency department;
 - (c) Blood typing and cross-matching;
 - (d) Policies and procedures for massive transfusion;
 - (e) Autotransfusion; and
 - (f) Blood storage capability.
- (10) Radiological services with a technician on-call and available within twenty minutes of notification, able to perform:
 - (a) Routine radiological procedures; and
 - (b) Computerized tomography.
- (11) Acute dialysis capability, or written transfer agreements.
- (12) Ability to resuscitate and stabilize burn patients, and have written transfer guidelines in accordance with the guidelines of the American Burn Association, and transfer agreements for burn care.
- (13) Ability to resuscitate and stabilize head and spinal cord injuries, and have:
 - (a) Written transfer guidelines and agreements for patients with head or spinal cord injuries; or
 - (b) Neurosurgery, with a neurosurgeon on-call and available within thirty minutes of request by the trauma team leader.
 - (c) Early transfer to an appropriate designated trauma rehabilitation service shall be considered.
- (14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to rehabilitation services.

- (15)(a) A designated trauma rehabilitation service; or
 - (b) Written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.
- (16)(a) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transport patients by fixed-wing or rotary-wing aircraft; or
 - (b) A written policy and procedures addressing the receipt of patients by air, and transfer of patients to other designated trauma services by ground or air.